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TB CARE I

TB CARE I - CAR Uzbekistan

**Year 2
Annual Report
October 1, 2011 – September 30, 2012**

October 30, 2012

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List of Abbreviations

| | |
|--------|--|
| CAR | Central Asian Republics |
| CDC | Center for Disease Control and Prevention |
| CDR | Case Detection Rate |
| DOTS | Directly Observed Treatment Short Course |
| DR | Drug Resistance |
| DRS | Drug Resistance Survey |
| DST | Drug Susceptibility Testing |
| FLD | First Line Drug |
| GFATM | Global Fund for Aids, Tuberculosis and Malaria |
| GLC | Green Light Committee |
| HRD | Human Resource Development |
| HSS | Health System Strengthening |
| IC | Infection Control |
| IEC | Information, Education and Communication |
| KNCV | KNCV Tuberculosis Foundation |
| MDR | Multi Drug Resistance |
| MDR-TB | Multi Drug Resistant Tuberculosis |
| M&E | Monitoring and Evaluation |
| MOA | Memorandum of Agreement |
| MOH | Ministry of Health |
| MSF | Médecins sans Frontières (Doctors without Borders) |
| NGO | Non-Governmental Organization |
| NTP | National TB Program |
| NRL | National Reference Laboratory |
| NTRL | National Tuberculosis Reference Laboratory (Uganda) |
| OR | Operations Research |
| PMDT | Programmatic Management of Drug-resistant Tuberculosis |
| PMU | Program Management Unit |
| SLD | Second Line Drug |
| SRL | Supra-national Reference Laboratory |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

Executive Summary

The USAID supported five-year (2010 -2015) TB CARE I project is implemented in Uzbekistan by WHO in collaboration with the KNCV Tuberculosis Foundation.

In Year 2, TB CARE I worked in six technical areas:

1. Universal Access
2. Laboratories
3. Infection control
4. Programmatic Management of Drug Resistant TB
5. Health system strengthening
6. Monitoring & Evaluation, Surveillance and OR

WHO as a TB CARE I collaborating partner started implementation of project activities in May 2012. TB CARE I is implemented in collaboration with NTP/MoH, PIU GFATM, USAID, KfW, Quality Healthcare and Dialogue on HIV and Tuberculosis projects, MSF, the Prison Service, and other local and international partners working in TB control in Uzbekistan.

Under APA2, TB CARE contributed to providing equitable access to quality and timely diagnosis and adequate treatment for (MDR) TB patients, with a focus on expansion at the national level, as well as introduction of new concepts and models into the national strategies. During the second year, TB CARE I also worked with partners to mobilize additional resources for the procurement of second line TB drugs.

Below is the summary of major achievements and challenges by technical area:

Universal and early access

Key achievements

- TB CARE I implemented most of the planned activities in the six technical areas.
- TB CARE I initiated development of Medium term plan on collaboration of prison and general TB health care systems. This plan is for 2012-2015 and includes participation of health care institutions at various levels.
- TB CARE I conducted an assessment mission to analyze local needs and capacities on piloting of outpatient care in July of 2012. The results of the assessment laid groundwork for drafting of the pilot outpatient model in Uzbekistan in APA3 and APA4.

Laboratories

Key achievements

- TB CARE I provided technical assistance for the development of the GeneXpert strategy in Uzbekistan on July 10-12, 2012. Under the leadership of NTP, WHO and TB CARE I developed a draft of national strategy on GeneXpert implementation.

Infection control

Key achievements

- TB CARE I provided technical assistance (via Nestan Tukvadze, WHO consultant and Vlad Furman, Regional TB-IC consultant) in the development of national TB-IC guideline, which was finalized on September 30 and will be submitted to MOH in early October of 2012.

PMDT

Key achievements

- On July 31– August 1, 2012, TB CARE I supported development of National MDR TB action plan to prevent and control MDR-TB in Uzbekistan in accordance with the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011-2015. Plan has been developed and approved by TWG established by MOH on technical assistance of TB CARE I project.

Health Systems Strengthening

Key achievements

- TB CARE I trained 122 representatives of MOH, NTP, SES and partner organizations on PMDT, TB IC, GeneXpert implementation and other technical areas of TB control.

Monitoring & Evaluation, Surveillance and OR

Key achievements

- TB CARE I organized a mission to provide technical assistance on TB surveillance and M&E system, including prisons in Uzbekistan, on September 17-22. During the mission, TB CARE I

consultants developed recommendations to improve the surveillance of tuberculosis in the prisons, including during the transitional period after discharge. Also, list of recommendations for transferring of electronic surveillance system in the prison sector to the unified platform has provided to NTP and Prison Service.

Table 1: Completion of TB CARE activities by Technical Area in Uzbekistan

| Technical Areas | % Completion |
|-------------------------------------|---------------------|
| 1. Universal and Early Access | 95% |
| 2. Laboratories | 100% |
| 3. Infection Control | 100% |
| 4. PMDT | 100% |
| 6. Health Systems Strengthening | 67% |
| 7. M&E, OR and Surveillance | 100% |
| Overall work plan completion | 94% |

Introduction

In Uzbekistan, TB CARE I project is implemented by WHO country office in Uzbekistan, and as part of the regional strategy, is coordinated through TB CARE I Regional Office for Central Asia.

In Year 2, TB CARE I worked in six technical areas in the following scope:

Universal and Early Access: under this technical area TB CARE I project focused on promoting collaboration between the Prison Service Medical Department and National TB Program, and assessing the potential and capacities for piloting outpatient model of care.

Laboratories: technical assistance was provided for the introduction of the new diagnostic tool (Xpert MTB/Rif) through the development of the national GeneXpert strategy.

Infection control: TB CARE I provided technical support to the National IC Technical Working Group for the development of National TB-IC guideline.

PMDT: TB CARE I focused on the development of National MDR TB Action Plan to prevent and control MDR-TB in Uzbekistan in accordance with the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011-2015.

Health Systems Strengthening: TB CARE I project contributed to strengthening NTP's leadership and management skills in TB control.

M&E, OR and Surveillance: TB CARE I focused on the improvement of surveillance of tuberculosis in the prisons, including during transitional period after discharge.

TB CARE I assistance was implemented through existing and newly established technical working groups, involvement of specialists from general and prison TB services and SES. For specific technical assistance, the project involved international consultants and experts (WHO Europe, KNCV HQ, Latvian WHO Collaborative Center, and other international consultants). TB CARE I activities were implemented in close collaboration with NTP, GFATM (TB) project and other USAID projects (Quality healthcare and Dialogue on HIV and TB).

Universal Access

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|--|---|---|------------------------------|--------|--------|--|
| | | | | | Y2 | Y2 | |
| 1.2 | Increased quality of TB services delivered among all care providers (Supply) | Coordination mechanism between prison and civil TB services | Coordination mechanism between prison and civil TB services Indicator Value: Yes/No Level: National Source: TB CARE I report | No (2011) | Yes | Yes | TB CARE I conducted a meeting on promoting collaboration between prison and general TB services, with participation of 32 representatives of prison and general TB services. On the meeting parties agreed to enforce the coordination mechanism between prison and civil health sectors on TB issues. |
| | | Medium term plan for implementation of integrated framework for TB control in prisons | Medium term plan for implementation of integrated framework for TB control in prisons Indicator Value: Yes/No Level: National Source: TB CARE I Means of Verification: Medium term plan | No (2011) | Yes | Yes | Medium term plan was developed in September 2012 during a national meeting on consensus building between prison and general TB health care systems. This plan is for 2012-2015 and includes participation of health care institutions at various levels. |
| | | Transitional care mechanism | Transitional care mechanism Indicator Value: Yes/No Level: TB CARE geographical area Source: NTP Means of Verification: National order | No (2011) | Yes | Yes | Current transitional care practices were discussed during the meeting with prison and general TB services. Further steps to improve these practices were included into the midterm plan on collaboration between prison and general TB services. |
| | | Analysis of site capacities and needs for piloting outpatient model of care | Pilot regional model for outpatient care Indicator Value: Yes/No Level: TB CARE geographical area Source: NTP Means of Verification: local order | No (2011) | Yes | Yes | TB CARE I conducted an assessment mission to analyze local needs and capacities on piloting of outpatient care in July of 2012. During the mission to Tashkent, Navoi and Bukhara, TB CARE I staff made visits to TB and PHC facilities at regional, municipal and rural level, to |

| | | | | | | | |
|--|--|--|--|------------------------|------------------------|------------------------|---|
| | | | | | | | meet with key TB specialists, representatives of local government and leaders of civil society (Makhallya committees). The results of the assessment laid groundwork for drafting the pilot outpatient model in Uzbekistan. |
| | | | 1.2.3 Prisons with DOTS Indicator Value: Percent Numerator: Number of prisons providing DOTS Denominator: Total number of prisons in the country | data are not available | data are not available | data are not available | Due to the late signing of MoU between WHO and MOI (signed in September 2012), supervisory visits to prison were not performed this quarter. |
| | | | 1.2.9 [OUTPUT] Description: Prisoners put on treatment by SLD Indicator Value: Level: Source: Means of Verification: Numerator: prisoners put on treatment by SLD Denominator: prisoners diagnosed | data are not available | data are not available | data are not available | Due to the late signing of MoU between WHO and MOI (signed in September 2012), supervisory visits to prison were not performed this quarter. |

Key Achievements:

- TB CARE I conducted a meeting on consensus building between prison and civil health care systems in TB control on September 18-20, 2012. As a result decision was made on development of mid-term plan for implementation of integrated framework for TB control in prisons.
- Medium term plan was developed in September of 2012 during a national level meeting on consensus building between prison and general TB health care systems on September 18-20, 2012. This plan covers 2012-2015 and includes participation of health care system at various levels.
- Current transitional care practices were discussed during the meeting with prison and general TB services on 19 September 2012. Steps to be done to improve these practices were included in the mid-term plan on collaboration between prison and general TB services.
- Final version of Memorandum of Understanding (MoU) between WHO and Ministry of Interior was signed by WHO and submitted to the Ministry of Foreign Affairs in September of 2012 to ensure implementation of TB CARE I project activities focused on prisons.
- TB CARE I assessed local capacities and needs for piloting the outpatient model of care in Bukhara, Navoi and Tashkent. The mission was focused on current TB program activities in ambulatory settings and on collaboration of TB program with general public and communities.

Challenges and Next Steps

- General and prison TB services need to coordinate their activities more closely to ensure continuum of care for ex-prisoners with TB. Improvement of transitional care for TB prisoners will be supported in APA3.
- Developed mid-term plan on TB control for prison and general health sectors will be supported by TB CARE I in APA3, particularly on GeneXpert implementation and infection control.
- Providing access to prisons for international technical assistance is a sensitive issue for prison administration. TB CARE I will use all options available according to MoU signed between MoI and WHO to enter prisons and provide technical assistance.
- TB CARE I recommended NTP to initiate the establishment of inter-sectorial (TB program, Department of Social Affairs, PHC, SES, Prison Service, Education Department, Medical Sanitary – Epidemiological Expertise Commission, civil society, law-enforcement bodies) multidisciplinary working group that will play a leading role in drafting the protocol on outpatient model of care including patient support. Development and piloting of outpatient model will be done in APA3.

Laboratories

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|--|---|--|------------------------------|--------|--------|---|
| | | | | | Y2 | Y2 | |
| 2.3 | Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans | A system for Xpert MTB/Rif implementation in the country has been developed | A system for Xpert MTB/Rif implementation in the country has been developed Indicator Value: Yes/No Level: National Source: NTP Means of Verification: Strategy for Xpert MTB/Rif implementation in Uzbekistan | No (2011) | Yes | Yes | TB CARE I together with partners implementing Xpert MTB/Rif in the country, drafted a national strategy for Xpert implementation in the country. Xpert TWG established in July 2012. Under the leadership of NTP, TB CARE conducted two partners' meetings to discuss mechanisms for establishment and coordination of a Technical Working Group on Xpert implementation. |

Key Achievements:

- TB CARE I together with partners implementing Xpert MTB/Rif in the country drafted a national strategy for Xpert implementation. An Xpert TWG was established in July 2012.
- Under the leadership of NTP, TB CARE conducted two partners' meetings to discuss the mandate and operation of the Technical Working Group on Xpert implementation. In July, a three day workshop was conducted to discuss a standard national approach to GeneXpert implementation (17 participants, 6 females and 11 males). In September, representatives of NTP, TB services, HIV department, SES, partner organizations met again to finalize the national GeneXpert algorithm and discuss the implementation plan (20 participants, 13 females and 7 males).
- Draft Xpert implementation plan was introduced to MoH in September 2012.

Challenges and Next Steps

- Due to the delay with custom clearance of 4 GenXpert machines via TB EXPAND, the machines were received by NTP in September. Full implementation of GeneXpert will start in October of 2012.

Infection control

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|--------------------------------------|---|--|------------------------------|--------|--------|--|
| | | | | | Y2 | Y2 | |
| 3.1 | Increased TB IC Political Commitment | National TB IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy | National TB IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy Indicator Value: Yes/No | No (2011) | Yes | Yes | National TB IC guideline was developed and approved by TWG on TB IC, established by MOH. |

Key Achievements:

- In July, TB CARE I conducted a three-day workshop on TB IC for prison and general TB service epidemiologists to improve their knowledge in TB-IC (25 participants, 8 females and 17 males).
- Also, TB CARE initiated the creation of TWG with specialists from NTP, medical department of MIA and prison epidemiologists, for the development of TB-IC guideline, including chapter on TB in prisons. TA was provided by TB CARE consultants.
- National guideline was finalized on September 30, and will be submitted to MOH in early October of 2012. In APA3 TB CARE I will print 100 copies of guideline and train specialists on newly developed guideline on TB IC.

Challenges and Next Steps

- National TB policy needs be implemented on the district level in each TB facility.
- TB CARE I will follow up with the introduction of IC plans for pilot TB facilities and activities on IC measurement. National team on TB IC monitoring will be established and equipped.

Programmatic Management of Drug Resistant TB (PMDT)

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|-----------------------------------|---|---|------------------------------|--------|--------|---|
| | | | | | Y2 | Y2 | |
| 4.1 | Improved treatment success of MDR | An improvement plan for PMDT including prisons has been developed and approved. | An improvement plan for PMDT including prisons has been developed and approved. Indicator Value: Yes/No Level: National level Source: NTP and TB CARE I Means of Verification: Final improvement plan | No (2011) | Yes | Yes | TB CARE I provided support in drafting the National MDR TB Action Plan to Prevent and Control MDR-TB in Uzbekistan, including prisons. National plan will be submitted to MoH in October 2012 for final approval. |

Key Achievements:

- In August, TB CARE I organized a workshop on the National MDR TB Action Plan to Prevent and Control MDR-TB in Uzbekistan. Several (WHO, TB CARE I, MSF, GF) experts and partners were invited to provide technical assistance to support the national team in the development of MDR TB response plan, and to coordinate activities among partners. During the two day workshop, the strategic plan was drafted by the working group of leading national TB specialists of Uzbekistan (20 participants, 13 females and 7 males), with the support of TB CARE I consultants. The plan was developed in accordance with the Comprehensive Plan of Action for the Prevention and Control of Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011-2015.
- National plan will be submitted to MoH in October of 2012.

Challenges and Next Steps

The country is short on funds for procurement of SLDs. Also, the national TB treatment policy is based on a outdated fully inpatient model of TB treatment, which is not cost effective. Possibility to decrease number of TB beds should be considered nationwide to secure additional funds for MDR TB treatment and to increase effectiveness of national TB control system.

- Next steps: TB CARE will follow up with monitoring of the national plan implementation and will provide support in the development of an outpatient model of treatment.

Health System Strengthening (HSS)

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|---|---|---|--|---------------------------|--|---|
| | | | | | Y2 | Y2 | |
| 6.2 | TB control components formed integral part of national plans, strategies and service delivery of these components | Supervisory visits conducted according to country supervisory standards | Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels. | N/A 2011 | 100% (2 out of 2 planned) | % (0 out of 2 planned) | Due to the late signing of the MoU between WHO and MOI (signed in September 2012), the activity was not implemented. |
| | | People trained using TB CARE funds | 2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training. | 2 people: 1. Childhood TB - 1 female 2. IUATLD Strategic planning course - 1 (male) (2011) | 4 people Int. courses - 4 | 122 (Universal Access 32 Labs 37 TB IC 25 PMDT 20 HSS 8) | 122 specialists were trained in the framework of TB CARE I, including participation of two key NTP persons and one staff in the Union conference in London. Also, TB CARE I provided an opportunity for five representatives of NTP, prison and TB CARE I to study in 17th International Training Course on TB in Tartu, Estonia. |

Key Achievements:

- In July, TB CARE I supported participation of two NTP key staff and one TB CARE staff in the Union conference in London to present the country experience in TB control. NTP participated in the conference with three poster presentations.
- In August, TB CARE I provided an opportunity for five representatives of NTP, prison and TB CARE I to study in the 17th International Training Course on TB in Tartu, Estonia to strengthen their leadership and management skills in TB control.

Challenges and Next Steps

- Due to the late signing of the MoU between WHO and MOI (signed in September 2012), supervisory visits on TB control in prisons were not conducted. Next steps: TB CARE will intensify collaboration with MOI and prison sector in APA3. Visits to prisons will be carried out in the next project year.

- Providing access to prisons for international consultants is a sensitive issue for prison administration. TB CARE I will use all options available, according to MoU signed between MoI and WHO, to enter prisons and provide technical assistance.

Monitoring & Evaluation, Surveillance and OR

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|------------------------------|---|--|------------------------------|--------|--------|---|
| | | | | | Y2 | Y2 | |
| 7.1 | Strengthened TB surveillance | The surveillance and M&E system in prisons has been assessed and results have been disseminated | The surveillance and M&E system in prisons has been assessed and results have been disseminated. Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: Surveillance and M&E system in prisons assessment report | No (2011) | Yes | Yes | TB CARE I consultants conducted a mission to provide technical assistance on TB surveillance and M&E system, including prisons in Uzbekistan. |

Key Achievements:

- TB CARE I organized a mission to provide technical assistance on TB surveillance and M&E system, including prisons, in Uzbekistan, on September 17-22. During the mission, TB CARE I consultants Andrei Dadu (WHO) and Aigul Tursynbayeva (TB CARE M&E Regional Officer) developed recommendations to improve the surveillance of tuberculosis in the prisons, including transitional care. Also, a list of recommendations for transferring the electronic surveillance system from the Prison Service to the unified platform has provided to NTP and Prison Service.

Challenges and Next Steps

- Prison and general TB service M&E departments should be supported in further development of one national surveillance system on tuberculosis.
- Newly extended M&E department in National TB center will be trained on M&E basics in APA3.